

A CASE OF SUSPECTED LEPROSY

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PLATE XVI

X.Y., age 16. Born in England, 1904. Has resided in Capetown, S. Africa, from 1905 until September, 1920.

History of Illness:—

April, 1920. Wasting noticed on dorsal side of left hand between 1st and 2nd metacarpals, and a stinging sensation in the little finger.

June, 1920. Three spots noticed on left side of face and brownish patches on both eyebrows. Later brownish patches noticed on left forearm and hand, and on both lower limbs.

August, 1920. Noticed deformity and impairment of movement in left hand.

Examination of the patient:—

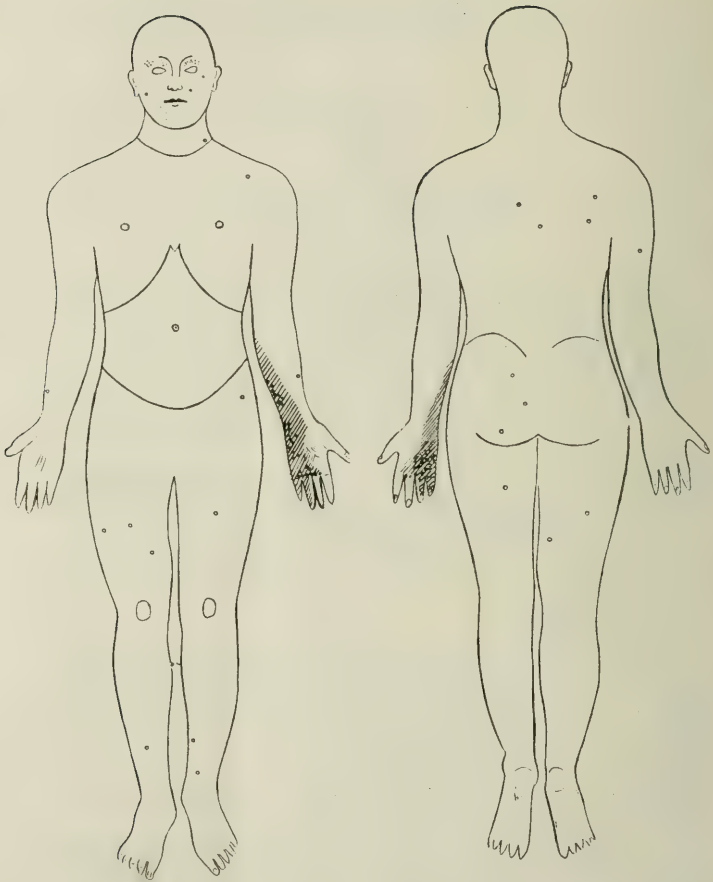
1. A number of dry, scaly, brownish, thickened areas in part circumscribed up to three-eighths of an inch in diameter, in part somewhat diffuse. None of these areas was anaesthetic except for those involved in the areas of anaesthesia, to be described later. The distribution of these is shown approximately in figs. 1 and 2.

2. A condition of claw hand (left). The actual condition can be appreciated from the photographs (Plate XVI).

3. Thickening of the left ulnar nerve which in the ulnar groove was about three times as thick as on the right side. The left internal cutaneous nerve was palpable and about a quarter of an inch thick.

4. The left forearm and hand were anaesthetic over an area shown approximately in figs. 1 and 2.

5. The left hand was colder to the touch than the right.



FIGS. 1 and 2. The small circles indicate the affected circumscribed areas, the stippling the diffuse areas, and the oblique lines the anaesthetic areas.

From 30.12.20 to 14.4.21 during his stay in the ward there was no rise of temperature.

27.1.21. The Wasserman reaction was completely negative.

On 7.2.21 and 21.2.21 the patient burned his left hand on the hot water-pipes of the ward without being aware of it.

Examination for Leprosy Bacilli:—

1. One of the affected areas on the left forearm was excised at the London School of Tropical Medicine, November, 1920, and examined by Dr. Low for leprosy bacilli with negative result.

2. Numerous scrapings and punctures of the various skin lesions, e.g., on the eyebrows, face, and of the nasal mucosa, were negative.

3. 2 c.c. of blood from a vein were haemolysed and centrifuged; the deposit was examined for leprosy bacilli with negative result.

4. A piece of the internal cutaneous nerve was excised, and sections and smears were stained for leprosy bacilli with negative result.

The excised nerve was examined for us histologically by Professor E. Glynn, who reported that 'there are three caseous areas apparently corresponding to large nerve bundles, surrounded by fibrous tissue in process of formation. No nerve fibres were seen. The appearance is quite consistent with fibro-caseous leprosy.'

On re-examination of the patient on 14.6.21 the only change noticed was a disappearance of affected areas on the dorsum of the hand and a diminution in extent of some of the areas on the face.

In view of the fact that no evidence of the presence of leprosy bacilli was obtained no treatment was adopted.

EXPLANATION OF PLATE XVI

- Fig. 1. Ventral aspect of right and left hands. The left hand shows (a) its smaller size; (b) ill-defined cutaneous furrows; (c) wasting of the thenar and hypothenar eminences—flatness of the hand; (d) flexion of the interphalangeal joints of the 2nd, 3rd, 4th, and 5th fingers; (e) indication of the thickened rough skin areas at the base of 3rd, 4th, and 5th fingers; (f) the scar of a burn at the base of the hand on the ulnar side.
- Fig. 2. Lateral view of the right and left hands. The left hands shows (a) wasting in the interspace between the 1st and 2nd metacarpal bones; (b) extension of the metacarpo-phalangeal joints and flexion at the interphalangeal joints; (c) wasting of the forearm.